## OFFICE OF GOVERNOR GREG ABBOTT TEXAS ARMED SERVICES SCHOLARSHIP APPOINTMENT APPLICATION

Name:				
Date of Birth: (For DPS Check)		Driver's License or State I.D. #:		
Ethnicity: (Optional)  V	Vhite	Asian American	☐ Hispanic ☐ Other	
Work Telephone #:	Home Telephone #:	Cellu	ılar Telephone #:	
Email Address:				
Home Address:		High School Name and Ad	idress:	
County:		Date of expected graduation:		
<ol> <li>To receive an initial conditional scholarship award through the Texas Armed Services Scholarship, a selected student must:         <ol> <li>Enroll in a Reserve Officers' Training Corp (ROTC);</li> <li>Agree to:</li></ol></li></ol>				
Eligibility for Nomination: In order to be considered for a Texas Armed Services Scholarship, you must meet two of the following four academic criteria at the time of application. Please check all that apply:				
<ul> <li>□ On track to graduate high school with the Distinguished Achievement Program (DAP) or the International Baccalaureate Program (IB)</li> <li>□ Current high school GPA of 3.0 or higher on a 4.0 scale</li> <li>□ Achieved a college readiness score of 1070 or higher on the SAT or 23 or higher on the ACT</li> <li>□ Ranked in the top one-third of the prospective high school graduating class</li> </ul>				
List institution of higher education you have enrolled or institutions where you have applied and been accepted.				
References: Name	Employer	Telephone	Relationship	
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Have you ever been convicted in a criminal proceeding (excluding traffic violations), placed on probation, required to perform community service, or had a criminal proceeding disposed of by pre-trial diversion, deferred prosecution, deferred adjudication, or some similar proceeding?
If yes, list the charge, the date of the offense, the city and/or county and state in which it allegedly occurred, and the disposition thereof.
NOTES:
Please attach a recent photograph and current resume including all honors or awards, extracurricular activities, leadership positions held, and community activities or volunteer services.
CERTIFICATION OF APPLICANT

The foregoing and any attached statements are true, accurate and complete; and I agree that any misrepresentation or omission of facts may result in my disqualification for appointment. I also authorize the Texas Department of Public Safety to conduct a background investigation and to disclose the results of that investigation to the Governor or his authorized representatives.

<b>Printed Name</b>	
Applicant's Signature	
Date	

Submit to: Appointments Staff Office of the Governor PO Box 12428 Austin, Texas 78711

(512) 475-2576 fax